



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF VOCATIONAL REHABILITATION
CRP MONTHLY PROGRESS REPORT AND EMPLOYMENT PLAN

Consumer		
CRP		
Counselor/Office		
Reporting Period		
Number weeks at CRP		
Number weeks remaining on current authorization		
Expected completion date		
VR staffing during period? <input type="checkbox"/> yes <input type="checkbox"/> no		
If yes <input type="checkbox"/> in person <input type="checkbox"/> by phone		
Services interrupted? <input type="checkbox"/> yes <input type="checkbox"/> no		
Reason(s)		

CHECK APPROPRIATE SERVICE(S) BELOW:		
EOS <input type="checkbox"/> Service Initiation <input type="checkbox"/> Retention	Specialized CRS List Type <input type="checkbox"/> Vocational Evaluation <input type="checkbox"/> Employee Development <input type="checkbox"/> Job Readiness <input type="checkbox"/> Job Placement	Skills training Type Residential Other

REPORT CLIENT'S MONTHLY ATTENDANCE:
Number days present:
Number days absent:
List dates absent:
Reason for absence(s) - not required for EOS:



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Consumer

Has specific job objective been established? ____ yes ____ no

If yes, list specific job objective _____

Has justification for specific job objective been documented and sent to counselor? ____ yes ____ no

If no specific job objective has been established, list consumer's job goals or interests.

Describe service(s) provided and goals/progress toward consumer's rehabilitation plan:

Consumer Input:

Signature of Provider

Date

Date mailed/faxed

Signature of Consumer

Date